



State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Utah Department of Health

W. David Patton, PhD
Executive Director

Division of Medicaid and Health Financing

Michael Hales
Deputy Director, Utah Department of Health
Director, Division of Medicaid and Health Financing

May 29, 2012

Cindy Mann, Director, CMCS
CMS Deputy Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Dear Cindy:

In compliance with the special terms and conditions set forth by the Centers for Medicare and Medicaid Service, the Utah Department of Health is submitting an amendment to our 1115 Primary Care Network Demonstration waiver pursuant to HB 144 S3 passed by the Utah State Legislature during the 2012 General Session.

The only purpose of this amendment is to raise the income eligibility level for Demonstration populations III (ESI) and V (COBRA), adults between the ages of nineteen (19) and sixty four (64), from one hundred fifty percent (150%) of the FPL to two hundred percent (200%) of the FPL. This will allow more low income working adults or recently unemployed adults to receive premium assistance subsidies for employer sponsored insurance or COBRA continuation coverage. This will further help to reduce the number of uninsured individuals in Utah. I am enclosing the following documentation in support of this request:

1. A copy of public notification of this change published on in the Utah State Bulletin
2. Copies of minutes from the Utah Indian Health Advisory Board reflecting the presentation of the proposed amendment to the tribes. Formal consultation was not requested.



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Cindy Mann
May 29, 2012

3. The most recent quarterly cost neutrality worksheet for the waiver.
4. A copy of the relevant language from HB 144 S3.

Thank you for your consideration of this request to amend Utah's current 1115 PCN Demonstration Waiver. If you have any questions, please contact Emma Chacon, Director, Bureau of Managed Health Care at 801 538-6577 or echacon@utah.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michael Hales".

Michael Hales
Deputy Director, Department of Health
Director, Medicaid and Health Financing

Cc: Nicole Kaufman, Project Officer, CMCS
Nate Checketts, Assistant Division Director, DMHF
Emma Chacon, Director, Bureau of Managed Health Care, DMHF
Jeff Nelson, Director, Bureau of Eligibility Policy, DMHF

Special Notice

This notice was published in the April 15, 2012, issue (Vol. 2012, No. 8) of the Utah State Bulletin.

Special Notice: Notice for April 2012 - 1115 Primary Care Network Demonstration Waiver Amendment - Utah's Premium Partnership (UPP) for Health Insurance Program

Pursuant to H.B. 144 Third Substitute (2012 General Session), the Utah Department of Health is submitting an amendment to the waiver to raise the income limit from 150 % of the federal poverty level to 200 % of the federal poverty level for adults to participate in Utah's Premium Partnership for Health Insurance (UPP) program.

The proposed change is subject to Centers for Medicare and Medicaid Services (CMS) approval.

For questions regarding this notice, please contact Emma Chacon at 801-538-6577, or echacon@utah.gov.

Additional Information

The Portable Document Format (PDF) version of the Bulletin is the official version. The PDF version of this issue is available at <http://www.rules.utah.gov/publicat/bulletin/2012/b20120415.pdf>. The HTML edition of the Bulletin is a convenience copy. Any discrepancy between the PDF version and HTML version is resolved in favor of the PDF version.

For questions regarding *this notice*, please contact Craig Devashrayee, by phone at 801-538-6641, by FAX at 801-538-6099, or by Internet E-mail at cdevashrayee@utah.gov.

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5110 State Office Building / Capitol Hill Complex / 450 North State Street / Salt Lake City, UT 84114
Business Hours: 8 AM to 5 PM, Monday through Friday. Please call ahead for an appointment.
Phone: 801-538-3764 / Fax: 801-537-9240

MINUTES OF THE UTAH INDIAN HEALTH ADVISORY BOARD MEETING

APRIL 6, 2012 – 9:00 A.M. – 1:00 P.M.
FIFTH FLOOR BOARD ROOM
3760 SOUTH HIGHLAND DRIVE
SALT LAKE CITY, UTAH

PRESENT: Ed Napia – Indian Walk-In Center
Amber Johnson – Indian Walk-In Center
Brittany Poulson – Indian Walk-In Center
David Ward – Ute Mountain Ute Health Center
Amy Cesspooch – Ute Indian Tribe
Delaine Alley – IHS U & O
Christine Steele – Confederated Tribes of Goshute
Michael Joseph – Phoenix Area IHS
Deanna Penningjack – Ute Tribe

EXCUSED: Shirlee Silversmith – Utah Division of Indian Affairs
Michele Lefevere – Paiute Indian Tribe of Utah

GUESTS: Jacoy Richens – Department of Workforce Services
Brenda Bryant – Utah Department of Health, DMHF
Emma Chacon – Utah Department of Health, DMHF
Denene Kane – Visitor
Anita Hall – Utah Department of Health, DMHF
Miguel Silva – Utah Department of health, DCFHS
Amy Oliver – Utah Department of Health
Connie Higley – Utah Department of Health, DMHF
Cecelia Richins – Utah Department of Health, DMHF
Amanda Yoshita – Utah Department of Health, DMHF
Dr. Pehrson –
Sheila Thompson – Utah Health Information Network
Grant Sunada – Utah Department of Health, DCFHS
Marsha Leen-Mitchell – Utah Department of Health, DCFHS
Corey Houit –
Brett Cross – Utah Department of Health
Sharina West –
Dean Penovich – Utah Department of Health

STAFF: Melissa Zito – Indian Health Liaison, UDOH
Gayle Coombs – Utah Department of health, DMHF

Amy Cesspooch called the meeting to order at 9:25 a.m. Melissa said there are not enough tribal members to make decisions, so this will just be an information-only meeting now unless more people show up.

The time was then turned over to Connie Higley to give the report on the Medicaid State Plan Amendments (SPA) and Rules. Connie first went over SPA 12-005-UT. This CMS Preprint assures that the Department complies with provider verification and enrollment procedures. The CMS Preprint does not require public notice. Providers have to be enrolled every three to five years. This began in 2011. Connie said this makes it so it is a stricter process. All providers have to be re-enrolled every three to five years. Melissa asked what the benefit of this was. Connie said CMS just wanted to make sure that the states were complying with the Federal regulations.

Melissa mentioned a problem she saw with this in regard to the IHS facilities having to enroll. Connie said this will not change things with IHS at all just as long as they have a valid license. Melissa asked Connie if a cover letter could be sent to the Tribal business offices in regard to this. Connie said right now Deanna is contacting groups of providers at a time. They will be notified and will receive a letter. Connie said they could also bring this to one of the UIHAB meetings. Connie said provider types 91 are not being re-enrolled, and that includes the Tribal offices.

Christine Steele asked if this had any effect on the co-pays. Connie said this has nothing to do with co-pays. Pharmacy claims have to go through the point-of-sale system.

Melissa then went through the DMHF Rules Matrix 4-6-12.

Rule; (What It Does); Comments.	File	Effective
R382-10 Eligibility (CHIP); This change allows the Department to provide medical assistance to a child under the age of 19 during a presumptive eligibility period. It also clarifies that the Department may complete a simplified eligibility review that does not require a recipient to provide additional information.	2-1-12	4-1-12
R414-303 Coverage Groups; This change allows the Department to provide medical assistance to a child under the age of 19 during a presumptive eligibility period. It also specifies criteria for presumptive eligibility and makes other clarifications.	2-1-12	4-1-12
R414-308 Application, Eligibility Determinations and Improper Medical Assistance; This change defines the application requirements and enrollment period for pregnant women and children under the age of 19 who are determined to be eligible during a presumptive eligibility period. This change also clarifies and simplifies eligibility review requirements.	2-1-12	4-1-12
R410-14 Administrative Hearing Procedures; The purpose of this change is to clarify definitions, hearing procedures, hearing availability, and notice requirements for the administrative hearing process.	2-29-12	4-23-12
R414-1-2 Definitions; The purpose of this change is to clarify that a provider is solely an individual or entity that provides medical, behavioral or dental care services under the Medicaid program.	2-29-12	4-23-12
R414-1 Utah Medicaid program (Five-Year Review); This rule is necessary because it sets forth services and eligibility requirements for the entire Medicaid program. It also specifies provider and recipient policy, specifies the role of certain entities within the Medicaid program, specifies the availability of program manuals and policies, and serves as the basis for all other rules in the Medicaid program.	3-2-12	3-2-12
R414-21 Physical and Occupational Therapy (Five-Year Review); This rule is necessary because it provides physical and occupational therapy for Medicaid recipients who need these services. It is also important because it specifies eligibility requirements and service coverage for Medicaid recipients, and specifies how physical and occupational therapists are reimbursed for their services.	3-2-12	3-2-12
R414-38 Personal Care Services (Five-Year Review); This rule is necessary because it provides cost effective and quality personal care services for Medicaid recipients. It provides these services through its eligibility requirements, service coverage, provider qualifications, plan of care requirements, physician recertification, and supervision requirements for licensed registered nurses.	3-7-12	3-7-12
R414-1-5 Incorporations by Reference; Subsection 26-18-3(2)(a) requires the Medicaid program to implement policy through administrative rules. The Department, in order to draw down federal funds, must have an approved State Plan with the Centers for Medicare and Medicaid Services (CMS). The purpose of this change, therefore, is to incorporate the most current Medicaid State Plan by reference and to implement by rule both the definitions and the attachment for the Private Duty Nursing Acuity Grid found in the Home Health Agencies Provider Manual, and to implement by rule ongoing Medicaid policy for services described in the Utah Medicaid Provider Manual, Medical Supplies Manual and List; Hospital Services Provider Manual; Speech-Language Services Provider Manual; Audiology Services Provider Manual; Hospice Care Provider Manual; Long Term Care Services in Nursing Facilities Provider Manual; Personal Care Provider Manual; Utah Home and Community-Based Waiver Services for Individuals 65 or Older Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Acquired Brain Injury Age 18 and Older Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Intellectual Disabilities or Other Related Conditions Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Physical Disabilities Provider Manual; Utah Home and Community-Based Waiver Services New Choices Waiver Provider Manual; and Utah Home and Community-Based Waiver Services for Technology Dependent, Medically Fragile Individuals (HGCBWS) Provider Manual.	3-29-12	5-22-12

R382-10 is more for the DCFS people and the children are processed quickly. There were some questions in regard to this. Amanda Yoshita said they look at Medicaid and CHIP.

R414-303 is for children on Medicaid.

Melissa mentioned a couple of the rules from the last meeting that Craig Devashrayee was going to get more information on for us.

Jacoy Richens then gave the report on the DWS Medicaid Eligibility. She said they got clarification on when someone is verifying they are an American Indian. She said the IHS face sheet and Tribal verification are all they need. There were a lot of comments in regard to the IHS face sheet. Getting verification on Tribal verification could also be a problem. The termination act was mentioned. Delaine Alley had a comment on how IHS is trying to work this out. She said that all the Tribal certification has to be legal and up to date. The Federal law passed in the 1950's.

David Ward then gave the report on the MCAC. He said that for FY 2012, Medicaid enrollment went up by 6.7%. He mentioned how Medicaid has some concerns about the funding for the new MMIS system. David said Medicaid is going to open up some adult dental centers. The opt-out in regard to MyCase was mentioned. If you do not opt out at first, you are not allowed to opt out later. David said the State feels they are paying about \$100 a month on cHIE. David went over the different Senate bills that were discussed at the last MCAC Meeting. He also went over the different House bills that were discussed at the MCAC Meeting.

Emma Chacon then discussed the ACO and Medicaid status of Verification updates; Tribal status for no co-pays exemption. In Section 5006 in ARRA, CMS is telling the State that the patient has to have a relationship with an ITU provider or facility or else we have to charge them a co-pay. Emma said the next step is that they will be reaching out to the people in the list, which is now down to about 250, and trying to tweak it down. She said their hope is to get this list down as low as possible. If they find that the person has not had a relationship with the ITU, then they will have to be charged a co-pay. Once they are in the system for no co-pays, they are in there forever.

Emma then mentioned HB-144. This is the Health Care Reform Task Force bill. One of the elements of this bill is that the State request a waiver to increase the income level for adults on the UPP Program up to 200% of the poverty level. Emma said they would like to see the UPP Program used more. All adults up to 138% of the poverty level will now be available for Medicaid. Emma said they are still trying to figure out what to do with the people between 138% and 200% of the poverty level.

Emma said they went through the process of RFP in regard to dental being a capitated service. Emma said none of the plans have qualified based on the dental plan issue. This RFP has, therefore, been canceled.

Emma mentioned the implementation of the ACO for Medicaid. People in Weber, Davis, Salt Lake and Utah Counties are required to enroll in a Managed Health Care Program. A client has to sign up for Managed Health Care. If a client does not do this, they will be assigned one with the new ACO. There will be four plans in each one of the counties. Health Choice of Utah is an Iasis Company and they will be converted to an ACO. This will all happen by January 1 of 2013. The ACO's will also be available for pharmacy benefits for their clients. The claims will continue to be sent directly to the State. Emma said they are having a number of meetings with these organizations.

Melissa mentioned how she thought it would be helpful for Medicaid to work with the Indian Walk-In Center (IWIC) on this and Emma said she thought that would be a good idea. The four plans are Healthy U, Molina, Select Access, and Health Choice Utah. Emma will write up a document on this and get it to Melissa.

Anita Hall then discussed the Transportation Contract; Renewal Process Review. She passed out a document entitled Tribe Information Needed for Consideration of Rate Adjustment. She went over the different items in the document. She said if any of the Tribes are interested in working with her in regard to the transportation issue, to send the

documentation in and they will work with them on this. Anita said they can send her the information anytime. She said she would like at least one full calendar year.

Anita said that if you have a Tribal woman who is pregnant and needs dental service, write up their dental plan and send in a prior authorization. She said she works with dentists and emergency dental issues all the time. She said the dentist can send in the information about the emergency dental work and they will get reimbursement. This is in regard to all adults on Medicaid.

Dr. Pehrson then discussed the AI/AN 1115 Waiver Proposal. A document entitled Utah American Indian/Alaska Native IHS Waiver Request was passed out to everyone. This waiver would eliminate some Traditional and Non-Traditional Medicaid plan limitations for services provided through all the ITU facilities throughout Utah. This approach would be advantageous for the AI/AN populations as well as the ITU facilities providing the care. This waiver would allow the Tribal members to have a more robust Medicaid package.

Melissa asked the Tribal members if they felt this would benefit them. Brenda Bryant had some comments on this. Cecelia Richins said she had asked about PCN being included, and they said no. CMS identifies services by state.

The second paragraph of the document was discussed in great detail. Cecelia said Arizona has also written up a document in regard to this. Melissa mentioned that by doing this we are focusing more on the facilities than the individuals. Melissa asked everyone if they wanted them to keep moving forward with this and everyone said yes. Melissa mentioned a few clarifications that needed to be made in the second paragraph. She told everyone to let her know of any changes they wanted in this and then she would send these on to Cecelia and she will take it to the P&O Committee. Cecelia said we want to get this to CMS by June if not sooner.

Sheila Thompson passed out some materials in regard to the cHIE. Sheila will also send an electronic copy of this document to Melissa to forward to everyone. They discussed the cHIE message framework which shows both the Patient and Clinician benefits. Sheila said this is a tool people can use when talking to the community. This is in regard to the cHIE message framework. They also passed out another document, which was the Clinical Dashboard. There are 382,143 patients and data within the State. Only 8,123 patients have given their consent with the data. Medicaid and CHIP are going to be automatically enrolled in the cHIE. The clients will have the choice to go to limited or not participate in the consent model. This should be done by the first of July, 2012, but it has to be in operation by the first of October, 2012.

The 20,000 State workers will automatically be loaded in cHIE. There were a lot of comments and questions in regard to this. The VA is the pilot site for this.

Grant Sunada then discussed the Diabetes Grant; Year 2 Update, and Schedule Site Visits. He passed out a document that you can fill out after using your journal. This is in regard to the River Runs Through it Journal. They also have an Inspirations of Wellness book on this. They get the Inspirations book if they participate in the River Runs Through it Journal for 90 days. People have to take the pre and post test that was handed out before they get the journal. Grant said they would like to schedule a time with Melissa to come back to this group and discuss how this is helpful and beneficial for their people with diabetes. Melissa and Grant will go around and visit with each one of the Tribes in regard to the Journals.

Who would be on the sub-committee for Gestational Diabetes was discussed. Melissa asked who would like to be on this committee. Christine said she would be interested and Amy said she would be happy to. Deanna Penningjack also volunteered to be on this sub-committee. Grant asked what color everyone would like the insert that will go in the Journal.

Brett Cross then discussed the Strategic National Stock Pile (SNS) Matrix and Table Top. He mentioned some of the things they are stock piling including, medications, etc. The spread sheet he handed out is what the Tribes will have to fill out to help with the stock piling. This is the Utah Tribal SNS Preparedness. They want to create a spread sheet so they will know what the Tribes need, etc. Brett went over the different things on the handout and explained what they were. He mentioned some of the things that the CDC sends them for these strategic national stock piles. Brett said to please contact him if there are any questions. The Tribes can work with the State or their local health department, whichever one they are assigned to. Melissa said the Tribal members on this Board had already made the decision to get this from the State. Some changes that were mentioned and that could be made on the form will be looked at. Brett wants their forms by the next meeting.

Marsha Leen-Mitchell then passed out a document on the Utah Migrant Farm Worker Coalition. She said to please contact her if you know of any people that needed help with this and be sure and let them know. She mentioned pesticide training that the Coalition does.

Melissa said the Tribal updates will be postponed until the next month.

Melissa then passed out documents in regard to the Shake-Out.

Melissa asked if there was any feedback on the UDOH Strategic Planning. She will report on this again at the next meeting.

Dean Penovich then discussed the Preparedness Contracts; Consensus. He said he was here to discuss the Preparedness Agreement. He passed out a draft document entitled Special Services – Public Health Emergency Preparedness in regard to this. He then went over the different things in the document.

Purchasing ham radios was also mentioned by Ed Napia. Ed mentioned the Utah Emergency Management Association (UEMA). He mentioned that attending these meetings is very helpful in regard to being prepared for emergencies, etc. Ed mentioned how having good credentialing is very important in case of an emergency or disaster.

Dean said he needed consensus from the Tribes in regard to his emergency preparation plan and also a consensus from the group here but there was not a quorum, so it could not be an official decision. Dean said he will be happy to help the Tribes with this as much as he can.

Miguel Silva and Ed Napia then passed out a poster on quitting smoking. The language on the poster was changed as a result of some comments from the UIHAB group. Melissa said she needs to find out what the other options for this poster were. Ed said they had had some comments made that they did not like the cigarettes used rather than their standard traditional pipe. There were a lot of comments made in regard to the poster with cigarettes. Ed said they need to know what kind of a response they would get from the other Tribes in regard to this poster. Ed said they want a poster that shows a family affair. Some of the Tribal members were not comfortable with this poster. Not using the eagle feathers was also mentioned by Amy. She said we need to shock our younger generation and let them know it is not right to do some of these things, like smoking. Amy said we need to send a stronger message out to our children to let them know it is not appropriate to do these things. Delaine Alley mentioned that this poster should be redone. Melissa mentioned how tobacco is sacred to the Tribes. She said it seems like the message of tobacco being sacred is what seems to be the message on the flyer. The flyer will be redone with the traditional message that says not to smoke and this will be looked at again. Everyone agreed that the wording was good but to use a different picture.

Melissa said the next meeting is May 4th. There was no other business, so the meeting adjourned at 1:30 p.m.

(d) The department may disclose a financial record obtained from a financial institution under this section only for the purpose of, and to the extent necessary in, verifying eligibility as provided in this section and Section 26-40-105.

~~[(4) The simplified enrollment and renewal process established under this section shall be implemented by the department no later than July 1, 2012.]~~

Section 2. Section **26-18-3.8** is enacted to read:

26-18-3.8. Utah's Premium Partnership For Health Insurance -- Eligibility expansion.

The department shall seek federal approval of an amendment to the state's Utah Premium Partnership for Health Insurance program to adjust the eligibility determination for single adults and parents who have an offer of employer sponsored insurance. The amendment shall:

(1) be within existing appropriations for the Utah Premium Partnership for Health Insurance program; and

(2) provide that adults who are up to 200% of the federal poverty level are eligible for premium subsidies in the Utah Premium Partnership for Health Insurance program.

Section 3. Section **26-33a-106.1** is amended to read:

26-33a-106.1. Health care cost and reimbursement data.

(1) (a) The committee shall, as funding is available, establish an advisory panel to advise the committee on the development of a plan for the collection and use of health care data pursuant to Subsection 26-33a-104(6) and this section.

(b) The advisory panel shall include:

(i) the chairman of the Utah Hospital Association;

(ii) a representative of a rural hospital as designated by the Utah Hospital Association;

(iii) a representative of the Utah Medical Association;

(iv) a physician from a small group practice as designated by the Utah Medical Association;

(v) two representatives who are health insurers, appointed by the committee;

Attachment G
Utah 1115 Budget Neutrality 12312011

II. WAIVER COSTS AND VARIANCE FROM BUDGET NEUTRALITY LIMIT BY QUARTER (Federal Funds)											
EXPENDITURES (FF)											
		Demo Population I - PCN				Demo Population II				Demo Population III - HIFA	
		Current Eligibles	Adults w/Children (Section 1902(r)(2) Adults; also Known as Hypothetical State Plan Eligibles)	Childless Adults (PCN) Adults in Demo Population I = 1115 Expansion Group)		Adults w/Children (Section 1902(r)(2) Adults; also Known as Hypothetical State Plan Eligibles)	(High-Risk Pregnant Women = 1115 Expansion Group)	Adults w/Children (Section 1902(r)(2) Adults; also Known as Hypothetical State Plan Eligibles)	Childless Adults (HIFA) Adults in Demo Population III = 1115 Expansion Group)	TOTAL	VARIANCE
SFY 03	\$64,151,353.24	\$61,595,233	\$2,809,194	\$4,115,233						\$68,519,660	-\$4,368,307
SFY 04	\$80,491,312.28	\$64,047,444	\$5,102,354	\$7,856,860						\$77,006,658	\$3,484,654
SFY 05	\$94,408,172.82	\$75,766,088	\$5,025,695	\$8,945,075	\$604,159					\$90,341,017	\$4,062,155
SFY 06	\$97,652,517.25	\$73,867,437	\$5,003,894	\$7,830,419	\$679,517					\$87,381,267	\$10,271,250
SFY 07	\$85,958,238.89	\$69,226,888	\$6,689,112	\$8,423,719	\$640,957			\$58,159	\$4,406	\$85,043,241	\$1,914,998
SFY 08	\$86,915,635.14	\$64,034,931	\$7,816,301	\$10,288,661	\$695,696			\$185,045	\$22,970	\$83,043,604	\$3,872,032
SFY 09	\$107,710,532.53	\$80,078,839	\$7,679,184	\$9,137,729	\$908,465			\$231,658	\$10,444	\$98,046,319	\$9,664,264
SFY 10	\$136,144,532.02	\$89,333,107	\$6,673,254	\$9,813,529	\$1,216,631			\$303,669	\$19,733	\$107,359,923	\$28,784,609
SFY 11	\$165,619,141.05	\$72,271,042	\$5,048,213	\$5,376,974	\$1,631,609			\$172,847	\$7,362	\$84,508,047	\$81,311,094
QE 9/11	\$48,268,156.01	\$16,499,066	\$738,481	\$1,121,606	\$277,200			\$51,014	\$783	\$18,688,150	\$29,780,006
QE 12/11	\$50,559,769.46	\$24,518,095	\$871,277	\$1,252,389	\$562,682			\$49,336	\$1,270	\$27,255,049	\$23,304,720
QE 3/12											
QE 6/12											
SFY 12	\$200,747,807.40	\$82,632,000	\$5,381,000	\$5,732,000	\$1,729,000			\$201,000	\$8,000	\$85,095,000	\$105,652,807
UPP @ 1,000 Adults		1,000 % Parents		80% Estimated PMPM (FF)				\$120	\$170	\$130	
QE 9/12										\$0	\$0
QE 12/12										\$0	\$0
QE 3/13										\$0	\$0
QE 6/13	\$210,464,997.14	\$87,225,000	\$5,735,000	\$5,110,000	\$1,854,000			\$1,152,000	\$408,000	\$102,708,000	\$168,056,997
TOTAL	\$1,131,019,982.19									\$883,957,736	\$247,062,247
UPP @ 5,000 Adults		5,000									
QE 9/12										\$0	\$0
QE 12/12										\$0	\$0

Attachment G

[illegible]

Attachment G

III. SUMMARY BY DEMONSTRATION YEAR AND CUMULATIVELY (Federal Funds)									
	Budget Neutrality Limit	Waiver Costs on CMS-64	Annual Variance	Variance As % of Annual BN Limit	Cumulative Budget Neutrality Limit	Cumulative Waiver Costs on CMS-64	Cumulative Variance	Variance As % of Cumulative BN Limit	
DY #1 (SFY 2003)	\$64,151,353	\$68,519,660	-\$4,368,307	-6.81%	\$64,151,353	\$68,519,660	-\$4,368,307	-6.81%	
DY #2 (SFY 2004)	\$80,491,812	\$77,006,658	\$3,484,654	4.33%	\$144,642,666	\$145,526,318	-\$883,652	-0.61%	
DY #3 (SFY 2005)	\$94,403,172	\$90,341,017	\$4,062,155	4.30%	\$239,045,838	\$235,867,335	\$3,178,503	1.33%	
DY #4 (SFY 2006)	\$97,652,517	\$87,381,267	\$10,271,250	10.52%	\$336,698,355	\$323,248,602	\$13,449,753	3.99%	
DY #5 (SFY 2007)	\$86,958,239	\$85,043,241	\$1,914,998	2.20%	\$423,656,594	\$408,291,843	\$15,364,751	3.63%	
DY #6 (SFY 2008)	\$86,915,636	\$83,043,604	\$3,872,032	4.45%	\$510,572,230	\$491,335,447	\$19,236,783	3.77%	
DY #7 (SFY 2009)	\$107,710,583	\$98,046,319	\$9,664,264	8.97%	\$618,282,813	\$589,381,766	\$28,901,047	4.67%	
DY #8 (SFY 2010)	\$136,144,532	\$107,359,923	\$28,784,609	21.14%	\$754,427,345	\$696,741,689	\$57,685,656	7.65%	
DY #9 (SFY 2011)	\$165,819,131	\$84,508,047	\$81,311,094	49.04%	\$920,246,486	\$781,249,736	\$138,996,750	15.10%	
DY #10 (SFY 2012)	\$200,747,307	\$102,708,000	\$98,039,807	48.84%	\$1,120,994,293	\$883,957,736	\$237,036,557	21.15%	
UPP @ 1,000 Adults									
DY #11 (SFY 2013)	\$210,773,497	\$102,708,000	\$108,065,497	51.27%	\$1,331,767,790	\$986,665,736	\$345,102,054	25.91%	
UPP @ 5,000 Adults									
DY #11 (SFY 2013)	\$217,520,751	\$103,248,000	\$108,742,751	49.95%	\$1,338,685,914	\$992,905,736	\$346,779,308	25.83%	
UPP @ 10,000 Adults									
DY #11 (SFY 2013)	\$225,082,131	\$116,748,000	\$108,334,131	48.13%	\$1,346,076,424	\$1,000,705,736	\$345,370,688	25.66%	
UPP @ 50,000 Adults									
DY #11 (SFY 2013)	\$284,213,170	\$179,748,000	\$105,065,170	36.97%	\$1,405,267,463	\$1,065,105,736	\$340,161,727	24.35%	
UPP @ 100,000 Adults									
DY #11 (SFY 2013)	\$358,126,969	\$257,748,000	\$100,978,969	28.20%	\$1,479,121,262	\$1,141,105,736	\$338,015,526	22.85%	
UPP @ X adults (where annual savings goes to zero but is not negative)					500,000				
DY #11 (SFY 2013)	\$949,437,362	\$881,148,000	\$68,289,362	7.19%	\$2,070,431,655	\$1,665,105,736	\$305,325,919	14.75%	

BN Summary by DY

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BN Summary by DY

Attachment G

BN Ceiling Calculation

Attachment G

BN Ceiling Calculation

Attachment G

BN Ceiling Calculation

Attachment G

BN Ceiling Calculation

Utah 1115 Budget Neutrality 12312011_1

BN Ceiling Calculation